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Thomas O. Forslund, Director

Governor Matthew H. Mead

MEMORANDUM

Date: October 1, 2014

To: Joint Appropriations Interim Committee
Joint Labor, Health and Social Services Interim Committee

From: Thomas O. Forslund, Director
Wyoming Department of Health

Subject: Legislative Report: Mental Health and Substance Abuse Quality Management

Ref: F-2014-479

The 2006 Legislative Session Laws, House Enrolled Act No. 21, Section 10, states:

The department of health, mental health division, shall expend the appropriation under this section to establish a statewide quality improvement program which will systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health care and services. The department of health, mental health division shall negotiate with service providers specific system performance measures and client outcome measures utilized on the statewide quality improvement program, to include, but not limited to, access to and quality of core and regional services, changes in employment and residential status of clients, and cost effectiveness of services. The department of health, mental health division shall structure its contracts with community mental health centers with whom it has contracts to ensure necessary client data is reported uniformly. The contracts shall specify what services will be provided under the contract and outcome measures achieved to determine the extent of statewide needs, based on regional reports received. Quality improvement reports shall be provided to the joint appropriations interim committee and the joint labor, health and social services interim committee no later than October 1 of each year, beginning October 1, 2007.

Attached is the report that fulfills the legislative mandate. For additional information, please contact Chris Newman, M.H.A., Senior Administrator, Behavioral Health Division, 6101 Yellowstone Road, Suite 220, Cheyenne, Wyoming 82002, (307) 777-6494, chris.newman@wyo.gov.

TF/CN/kp/jg

Attachment: Legislative Report

c: Governor Matthew H. Mead
Legislative Service Office (3 copies)
State Department Depository (electronic copy)

Wyoming Department of Health

Report to the Joint Appropriations Interim Committee and the
Joint Labor, Health and Social Services Interim Committee

Mental Health and Substance Abuse Quality Improvement, 2006 General Session, Chapter 40, Section 10, House Enrolled Act No. 21

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October 1, 2014

MENTAL HEALTH AND SUBSTANCE ABUSE QUALITY IMPROVEMENT

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Section 1. Executive Summary

Specific Requirements of Statute

Section 10 of the House Enrolled Act (HEA) No. 21 of the 2006 Budget Session requires the Wyoming Department of Health, Behavioral Health Division (the Division) to submit mental health and substance abuse quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health and Social Services Interim Committee by October 1 of each year.

Response to Specific Requirements of Statute

The Division is required to negotiate specific system performance measures and client outcomes with service providers that include:

(1) Access to quality of core and regional services;
(2) Changes in employment and residential status of clients; and
(3) Cost-effectiveness of services.

Performance measures for Fiscal Year 2014 (FY14) are shown in Table 1, below.

Table 1: Enrolled Act 21 Quality Improvement Program Monitoring Results (FY14)

Effectiveness	**FY 13**	**FY 14**	**Source**
Percent of clients satisfied with service	67.3% Mental Health (MH) 71.2%Substance Abuse (SA)	86.3% Mental Health (MH) 78.5% Substance abuse (SA)	Consumer Survey***
Percent of clients who increased their Global Assessment of Functioning (GAF) scores by more than five points	55.41% (MH) 71.2% (SA)	80.93% (MH) 82.01% (SA)	WCIS*
Efficiency/Cost Effectiveness			
Average cost per client (Mental Health Outpatient)	$1,313	$1,277	WCIS*
Average cost per client (Mental Health Therapeutic Living Environment)	**	$19,425	WCIS*
Average cost per client (Mental Health Crisis Stabilization)	**	$11,353	WCIS*
Average cost per client (Substance Abuse Outpatient)	$1,464	$ 1,546	WCIS*

Average cost per client (Substance Abuse Residential)	$12,661	$ 14,209	WCIS*
Appropriateness			
Percent of clients who felt treatment was appropriate	86.2% (MH) 76.6% (SA)	87.5% (MH) 81.7% (SA)	Consumer Survey***
Quality			
Percent of clients who were satisfied with quality of treatment	89.7% (MH) 81.6% (SA)	90% (MH) 83.4% (SA)	Consumer Survey***
Access			
Percent of clients who felt access to services was adequate	83.9% (MH) 76.6% (SA)	85.5% (MH) 80.6% (SA)	Consumer Survey***
Statewide penetration rate (SA)	1.20% (SA)	1.05% (SA)	WCIS*
Statewide penetration rate (MH)	2.78% (MH)	2.8% (MH)	WCIS*
Employment Status			
Clients currently employed (MH)	31.58%	64.69%	WCIS*
Clients currently employed (SA)	43.69%	63.48%	WCIS*
Residential Status			
Clients living at home (MH)	83.93%	98.47%	WCIS*
Clients living at home (SA)	78.25%	97.9%	WCIS*

**Year to date data as of July 21, 2014*

*** Data not collected in FY13*

**** Consumer Survey Report dated September 18, 2013 and based on 2,931 individual consumer surveys completed.*

Additional information on other quality-related domains include certification, training, critical incidents and complaints/investigations, and is provided in Section 3.

Section 2. Specific Requirements of Statute

Section 10 of the HEA21 of the 2006 Budget Session requires the Wyoming Department of Health, Behavioral Health Division to submit quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health and Social Services Interim Committee no later than October 1 of each year. The Act specifically states:

> *The department of health, mental health division, shall expend the appropriation under this section to establish a statewide quality improvement program which will systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health care and services. The department of health, mental health division shall negotiate with service providers specific system performance measures and client outcome measures utilized on the statewide quality improvement program, to*

include, but not limited to, access to and quality of core and regional services, changes in employment and residential status of clients, and cost effectiveness of services. The department of health, mental health division shall structure its contracts with community mental health centers with whom it has contracts to ensure necessary client data is reported uniformly. The contracts shall specify what services will be provided under the contract and outcome measures achieved to determine the extent of statewide needs, based on regional reports received. Quality improvement reports shall be provided to the joint appropriations interim committee and the joint labor, health and social services interim committee no later than October 1 of each year, beginning October 1, 2007.

Section 3. Response to Specific Requirements of Statute

As part of contract management, the Division must ensure both fiscal accountability for services delivered and improvements in the outcomes of clients who received those services. This report focuses on program expenditures and quality improvement results occurring throughout FY14 for State funded mental health and substance abuse services throughout Wyoming's communities.

Outcomes Development

These measures are the outcome expectations in the FY14 outpatient and residential treatment contracts. Results of the performance progress were reported monthly to the providers at the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) Director's meeting. As of July 1, 2014, 15 out of 16 substance abuse outpatient providers met their performance targets; and 12 out of 13 mental health outpatient providers met their performance targets. It is anticipated that all providers will have met their performance targets once all the FY14 data has been reconciled.

The Division has had a longstanding relationship with the WAMHSAC and works collectively with this provider group to determine relevant outcome measures, funding strategies, and treatment gaps. During FY14, the Division and WAMHSAC articulated a set of 11 outcome measures specifically designed to track treatment service performance according to four domains: efficiency, effectiveness, access, and client satisfaction.

These measures were included in the FY14 treatment contracts and the Division used the Wyoming Client Information System (WCIS) to collect and report outcome and performance metrics based on the data submitted by funded providers. Ultimately, the Division produced 21 program evaluation reports, one for each community mental health and/or substance abuse agency receiving funding from the Division as well as one comprehensive statewide program evaluation report.

Standards and Certification:

In addition to tracking outcomes, the Division is required to certify any person or agency that provides substance abuse treatment services to court-referred clients or those that receive State dollars. Substance abuse treatment providers are certified to be in compliance with the Rules and Regulations for Substance Abuse Services, Chapters 1-

8. During FY14, certification reviews were modified to an internal desk audit process conducted and monitored by Division staff. The Division requires that all providers receiving State dollars to obtain, and maintain national accreditation [e.g., Commission on Accreditation of Rehabilitation Facilities (CARF)] as a conduit to certification. Funded treatment providers are required to be accredited for all programs that the Division purchases. Non-funded, private providers are not required to obtain national accreditation for certification purposes, unless they wish to certify a residential program. All residential programs must obtain a national accreditation. Court Supervised Treatment (CST) providers are also required to obtain and maintain national accreditation status. The Division uses the accreditation reports as a component of the desk audit process to determine compliance.

Accreditation reviews are arranged directly between the provider and the national accreditation body and are paid for with funding from the Division for those provider's that are under contract with the Division. As part of the Chris S. settlement, national accreditation was a requirement for funded providers. The Division received funding to set aside for providers to use for this. Each provider is required to provide the Division with a copy of their accreditation survey report, and any subsequent Quality Improvement Plan (QIP) they must submit back to the accrediting program. Providers are also required to submit to the Division any other required reporting components that are sent to their accrediting body.

Senate Enrolled Act (SEA) No. 29, section 048b of the 2012 Budget Session states that reimbursements for mental health and substance abuse services shall only be paid to entities that are accredited by CARF or the National Integrated Accreditation for Healthcare Organization and that reimbursements shall only be paid on the basis of established outcomes no later than December 31, 2013. Prior to this, the providers were only required to obtain a national accreditation relative to their mental health treatment services. All but three treatment providers, including two who provide services to court referred clients, were nationally accredited by the December 31, 2013 deadline. Those three providers were granted a waiver by the Division and all were in full compliance of the 2012 Budget Session SEA 19 by March 1, 2014.

Certifications are conducted when a new community provider is established, when re-certifications are due, or when certifications are based on corrections or probationary terms and providers are in need of regulation compliance checks. The Division has developed and is currently managing an internal desk audit certification process. The actual field work has historically been contracted to an outsourced contractor. However, the Division discontinued contracting for certification reviews as of December 31, 2013. It is because of this process that the Division requires private residential programs to obtain a national accreditation should they desire to be state certified.

The Division is in the process of a significant mental health and substance abuse rule revision with the anticipation that all other relevant sets of rules currently on file with the Wyoming Secretary of State's Office will be repealed in tandem with the promulgation process. It is further anticipated that with the promulgation of the new rules that the regulatory burden will be decreased by approximately 75%.

Table 2: Overview of substance abuse certifications, fiscal years 2013 and 2014

	FY13	FY14
Certified Treatment Providers	57	89
New Providers	12	11
Number of Treatment Sites	52	134
Corrective Action Plans	2	0
Re-Certification	45	78

Table 3: Overview of MH/SA accreditation, fiscal years 2013 and 2014

	FY13	FY14
Mental Health Treatment Services Only	2	2
Substance Abuse Treatment Services Only	10	7
Mental Health and Substance Abuse Treatment Services	12	12
Stand-alone Court Supervised Treatment Centers	***	11

*** *Court Supervised Treatment Centers were not certified in FY13*

Complaints and Investigations:

The Division established a comprehensive Complaint and Investigation Policy per the direction of the Rules and Regulations for Substance Abuse Standards, Chapters 1-8, and the Behavior Health Personnel and Program Quality (1992) rules. It is always the recommendation of the Division to encourage resolution on the local level or through the services of the Substance Abuse and Mental Health Ombudsman Program. However, when issues arise that are not resolved or are more complicated in nature, the Division works to resolve complaints for the best possible outcome.

During FY14, the Division did not receive any significant complaints regarding any funded providers and there was subsequently no formal investigations that took place, therein the Division did not place any providers on a corrective action plan.

The Division has a complaint and investigation team that includes the Quality Management Program Manager, the Division Psychiatric Consultant, and other internal and external experts (as needed) required to manage any specific issues or concerns that are leveraged in a complaint. The objective is to establish a team that has the expertise and objectivity to evaluate the concerns in the most productive and professional manner possible. Typically, an on-site review with the provider involved is necessary to interview relative staff, provider management, and clients. The Division seeks the guidance and expertise of the Wyoming Department of Health leadership, as well as the Wyoming Attorney General's Office. During FY14, the Division did not investigate any major complaints. All complaints received were managed effectively through referral to the provider involved or the Substance Abuse and Mental Health Ombudsman's Office.

Critical Incidents

As a component of quality management, providers are required to report critical incidents to the Division per a contract deliverable. They are also required to submit certain critical

incidents to their accrediting authority and Medicaid. The Division has developed a monitoring plan to track trends over time to allow for informed decision making processes regarding targeted technical assistance specific to the needs of particular providers and regions.

Table 4: Critical incidents reported, fiscal years 2013 and 2014

	FY13	FY14
Suicide	9	9
Suicide Attempt	13	15
Drug Overdose	3	1
Death (natural cause or unknown)	36	28
Medical Emergency	7	0

Critical incident reports were not received by ten agencies, one report was received by four agencies, and more than one report was received by seven agencies.

Section 4. Detailed Supplementary Information

Scope and Impact of Mental Health Disorders in Wyoming

The 2012 National Survey on Drug Use and Health (NSDUH) estimates that about 24,296 adults in Wyoming have a serious mental illness. The National Alliance on Mental Illness estimates about 5,000 children have a serious emotional disturbance.

Community mental health centers (CMHCs) treated 17,127 clients during FY14[1]. 72% of people treated were 18 years of age or older, 55% were female and 21% were currently married. 53% of all mental health clients were referred by family/friends or by self-referral. The most pressing problem for people entering treatment services centered on depression and other affective disorders.

Scope and Impact of Substance Abuse Disorders in Wyoming

The 2012 National Survey on Drug Use and Health (NSDUH) estimates that approximately 52,498 people in Wyoming have an alcohol or illicit drug abuse disorder. Community substance abuse centers (CSACs) served 7,067 persons[2] in FY14 compared to 7,080 in FY13. 82% of persons served were 22 years of age or older, 67% were males, less than 17% were currently married. 51% of people served reported incomes under $10,000 per year. 56% of persons served were referred to treatment by the legal system and 54% reported alcohol as the primary drug used. Marijuana was the next most used drug at 18%.

[1] Year-to-date data used. This is not a complete picture of the number of clients seen in CMHCs for FY14.
[2] Year-to-date data used. This is not a complete picture of the number of clients seen in CSACs for FY13.

Fiscal Highlights for the Behavioral Health Division

The Division is responsible for a biennium budget of $576,479,248. This includes oversight of developmental disabilities programs, the Wyoming State Hospital, the Wyoming Life Resource Center and all mental health and substance abuse programs.

In FY14, 24 mental health and substance abuse treatment contracts were executed for a total of $53,739,842. These are listed below in Table 6. The following types of treatment contracts managed: general outpatient and residential for mental health and substance services, crisis stabilization, mental health special projects, and drug courts. Drug court funding is not included in the table below.

The Division primarily contracts with community mental health and substance abuse centers; significant enhancements were made in FY14 to the application process and contract requirements to reduce reporting burden and increase provider and Division accountability. Contracts were closely monitored by the Division Quality Management and Outcomes Unit.

Table 5: Contract amount by program

	FY13	FY14
MH/SA Abuse Outpatient and Residential	$48,467,561	$49,623,377
MH/SA Peer Specialists	$552,500	$541,875
Mental Health Crisis Stabilization Services	$1,580,821	$1,771,107
Special Programs	$1,045,743	$417,790
Mental Health and Substance Abuse Quality of Life	$417,790	$1,385,693
Total	$52,064,415	$ 53,739,842

State Funded Mental Health Treatment Programs

Over 16,489 clients were provided State funded mental health treatment services in FY14.

- 45% of clients were male.
- Approximately 23% had a co-occurring substance abuse disorder.
- 53% of clients served were referred for services by family, friends, or self-referrals; four percent were referred from a court.
- The most frequently-delivered outpatient service was Agency-based Individual and Family Therapy (26% of all outpatient services delivered).
- 28% of clients were less than 18 years old; 65% were adults up to age 59; less than 7% were senior citizens.
- 81% of persons receiving mental health services reported an improvement in functioning.

Table 6: Presenting problems at admission for all mental health clients

	FY13	FY14
Alcohol and drugs	4%	5%
Legal Issues	3%	4%
Evaluation	2%	2%
Depression and anxiety	28%	28%
Social	16%	15%
Marital and family concerns	18%	17%
Coping	21%	21%
Other	8%	8%

Note: Providers have until August 15, 2014 to submit their finalized data. The data reported above is year-to-date as of July 21, 2014.

State Funded Substance Abuse Treatment Programs

Over 7,067 clients were provided State funded substance abuse treatment services in FY14.

- 67% of clients were male.
- Approximately 34% had a co-occurring mental health disorder.
- 20% of clients served were referred for services by family, friends, or self-referrals; 29% were referred from a court.
- The most frequently delivered outpatient services were Intensive Group Therapy and Group Therapy (72% of all outpatient services delivered).
- 12% of clients were IV drug users.
- 6% of clients were between 12-17 years old; 91% were adults up to age 59; less than 3% were senior citizens.
- Primary Residential Treatment served approximately 924 clients in FY14.
- 81% of persons receiving substance abuse services reported an improvement in functioning.

Table 7: Presenting problems at admission for all substance abuse clients

	FY13	FY14
Alcohol and drugs	71%	65%
Legal issues	12%	13%
Evaluation	3%	4%
Depression and anxiety	4%	3%
Social	4%	3%
Marital and family concerns	2%	2%
Coping	3%	3%
Other	1%	7%

Note: Providers have until August 15, 2014 to submit their finalized data. The data reported above is Year to Date as of July 21, 2014.